

The Department of Vermont Health Access Medical Policy

Subject: Toileting Equipment: Commodes, sitz baths, raised toilet seats, toilet frames, and other toileting devices

Last Review: April 4, 2017*

Revision 8: June 6, 2016

Revision 7: June 2, 2015

Revision 6: October 30, 2014

Revision 5: June 4, 2013

Revision 4: March 20, 2012

Revision 3: March 20, 2012

Revision 2: January 26, 2011

Revision 1: June 17, 2009

Original Effective: 2004

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

A commode chair is a device which serves as a toilet or toilet seat, but which is not connected to a plumbing system. It may be positioned over an existing toilet to provide support, or may be freestanding. Certain commode devices have positioning components for additional postural support.

A sitz bath is a device which allows soaking of the perineal area to relieve discomfort from perineal ailments such as hemorrhoids, anal fissures, or an episiotomy.

A raised toilet seat is a device which sits on the toilet bowl, increasing the height of the bowl, to facilitate a sit-to-stand transfer or proper hip/knee angle after an injury or surgery.

A toilet frame is a device which attaches to the toilet seat bolts, creating armrests for the toilet, to facilitate a sit-to-stand transfer and to prevent lateral balance loss.

Bedpans and urinals are devices which enable individuals who are bed or chair bound to toilet.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.



Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

[7505](#) Durable Medical Equipment (DME)

[7505.5](#) DME Non-Covered Services

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

Toileting equipment may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described in their Vermont State Practice Act, who is knowledgeable regarding **toileting equipment**, and who provides medical care to the beneficiary AND
- When the clinical criteria below are met.

Coverage Criteria

A **commode chair** may be covered for beneficiaries who meet the following guidelines:

- The beneficiary is unable to access the standard toilet facilities in their home due to a medical condition. OR
- The beneficiary has a medical condition that results in the need for additional support(s) to facilitate toileting.

An extra wide/heavy duty commode chair may be appropriate for beneficiaries that meet the above guidelines AND have a hip width greater than or equal to 23 inches and/or weigh more than 300 pounds.

Note: For coverage of a commode chair with positioning components, additional documentation is required to demonstrate the medical necessity of the specific device requested, as well as for each additional component. Unsuccessful trial/consideration of all less expensive devices must be documented. Certain devices can be used for both toileting and bathing and may be more appropriately coded as a bath/shower chair. A home assessment is required to ensure that the requested device fits in the home setting and meets the medical needs of the beneficiary.

A **sitz bath** may be covered if there is a documented ailment in the perineal area.

A **raised toilet seat** may be covered for beneficiaries who cannot perform safe sit-to-stand transfers from the toilet due to leg muscle weakness, injury, or surgical precautions. This device may not be appropriate for individuals with balance issues.

A **toilet frame** may be covered for beneficiaries who cannot perform safe sit-to-stand transfers from the toilet due to leg muscle weakness or surgical precautions, or who have balance issues that require upper extremity stabilization during toileting.

Bedpans and urinals may be covered for beneficiaries who are bed or chair bound due to a medical condition.

Considerations: Mobile commodes must be used with caution because the commode may move during a transfer even when the brakes are applied. Care must also be taken for individuals with fragile skin during transfers and when sitting upon a non-padded commode. Use of a commode without a caregiver present may result in a safety risk for some individuals with balance, judgment and/or mobility impairments. Raised toilet seats may provide inadequate stability for individuals with balance issues.

For devices that require prior authorization, a Physical or Occupational Therapist home assessment is required to determine the appropriate device, given the beneficiary's medical condition, mobility status, and the physical plant of the home. A trial or close simulation of the device is required to ensure that the device will meet the medical needs of the beneficiary. Beneficiaries may also require instruction from a physical or occupational therapist in techniques to use and care for the device properly.

Rental devices: Particular care must be provided by the supplying provider, to ensure that there are no transmission of germs between users of the device. Disposable liners should be considered for all toileting devices. New buckets must always accompany the provision of rental commodes.

Clinical guidelines for repeat service or procedure

Repeat services are covered when the device requires replacement before the DME restriction time frame, for one of the following reasons:

The device has been outgrown OR

- The device no longer meets the medical needs of the beneficiary OR
- The device is no longer functional through normal wear and tear (see the DME restriction list for specific time frames)

Type of service or procedure covered

Commodes, raised toilet seats, toilet frames, sitz baths, bedpans, and urinals.

Type of service or procedure not covered (this list may not be all inclusive)

Duplicate devices for multiple bathrooms are not covered.

Any device that requires a home modification is not covered. For example, the DVHA does not cover grab bars for walls alongside toilets, because they are permanently affixed to the wall, require specific placement into wall studs for safety, and are not placed by medical supply providers to ensure proper placement and security. Toilet frames and raised toilet seats are not considered home modifications because they are not permanently affixed, require no tools to install and can be correctly placed by any lay person.

Bidets are not covered because they are not “primarily and customarily used to serve a medical purpose” and because they are primarily hygienic in nature (Medicaid Rule 7505 and 7505.5). Morbidly obese beneficiaries who cannot reach to wipe themselves should be referred to an Occupational Therapist for assessment of the use of wiping tools.

Coding Guidelines

A column II code is included in the allowance for the corresponding column I code when provided at the same time. (LCD Article A23661, 2013).

Column I	Column II
E0163	E0167
E0165	E0167
E0168	E0167
E0170	E0167, E0627, E0629
E0171	E0167, E0627, E0629

References

Delaney, M. B. (2014). Declaring war on clostridium difficile and other GI pathogens: A review of disposable commode products. *Journal Nursing Care* 3(5). Retrieved March 9, 2015 from: <http://omicsgroup.org/journals/declaring-war-on-clostridium-difficile-and-other-gi-pathogens-2167-1168-3-195.pdf>

Haak, M., Slaug, B., Lofqvist, C., & Nilsson, M. (2013). Technical aids and housing adaptations among very old people with self-reported Parkinson's Disease Compared to matched controls. *Journal of Parkinsonism and Restless Legs Syndrome*, 3. Retrieved March 9, 2015, from: <http://www.dovepress.com/technical-aids-and-housing-adaptations-among-very-old-people-with-self-peer-reviewed-article-JPRLS>

Jepson, P., Beswick, A., Smith, T.O., Sands, G., Drummond, A., Davis, E.T., Sackley, C.M. Assistive devices, hip precautions, environmental modifications and training to prevent dislocation and improve function after hip arthroplasty (Protocol). In: The Cochrane Library, Issue 11, 2013. Chichester: Wiley. Updated Quarterly. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010815/full>.

LCD for Commodes Policy (A52461), *NHIC Corp.* (Revision date 2016). Retrieved March 10, 2017 from: <http://www.medicarenhic.com/dme/mrlcdcurren.aspx>

LCD for Commodes Article (L33736), (Revision date 2016). *NHIC Corp.* Retrieved March 10, 2017, from: <http://www.medicarenhic.com/dme/mrlcdcurren.aspx>

Morency, E., Onyekachi, I., Sawicki, B., Sosa, P., Cremaschi, F., & Burkow-Heikkinen, L. (2015). Home care attitude and expectations: A reflection on suggested guidelines for home care in the USA. *Research* 2. Retrieved April 19, 2016, from: <http://www.labome.org/research/Home-care-attitude-and-expectations-a-reflection-on-suggested-guidelines-for-home-care-in-the-U-S-A.html>

Robinson, L., Gibson, G., Kingston, A., Newton, L., Pritchard, G., Finch, T., & Brittain, K. (2013). Assistive technologies in caring for the oldest old: A review of current practice and future directions. *Aging Health*; 9(4), pp. 365-375. Retrieved March 9, 2015 from:

http://www.google.com/url?url=http://www.researchgate.net/profile/Katie_Brittain/publication/255901206_Assistive_technologies_in_caring_for_the_oldest_old_a_review_of_current_practice_and_future_directions/links/02e7e52a19b6d2d21b000000.pdf&rct=j&frm=1&q=&esrc=s&sa=U&ei=P7T9VNCbOYO8ggSQp4CgDQ&ved=0CBOQFjAA&usg=AFQjCNEeQesy_2hupNhFvcIAIxt2VH1PSw

Sackley, C.M., Walker, M.F., Burton, C.R., Watkins, C.L., Mant, J., Roalfe, A.K. et al. (2015). An occupational therapy intervention for residents with stroke related disabilities in UK Care Homes (OTCH): Cluster randomised controlled trial. Retrieved April 19, 2016, from: <http://www.bmj.com/content/350/bmj.h468>

Snell, T., Fernandez, J.L., Forder, J. (2012). Building a business case for investing in adaptive technologies in England. *London School of Economics and Political Science*. Retrieved March 9, 2015 from: <http://www.pssru.ac.uk/archive/pdf/dp2831.pdf>

Soilemezi, D., Drahota, A., Crossland, J., & Stores R. (2017) The role of the home environment in dementia care: Systematic review of qualitative research. *Dementia 2017*. Retrieved March 10, 2017 from: https://researchportal.port.ac.uk/portal/files/6568315/The_role_of_the_Home_Environment_in_Dementia_Care.pdf

Turner, S. et al. Modification of the home environment for the reduction of injuries (Review). In: The Cochrane Library, Issue 2, 2011. Chichester: Wiley. Updated quarterly. Retrieved 4/19/16 from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003600.pub3/full>.

Yang, H., & Sanford, J. (2012). Home and community environmental features, activity performance, and community participation among older adults with functional limitations. *Journal of Aging Research*, 2012. Retrieved March 9, 2015 from: <http://www.hindawi.com/journals/jar/2012/625758/>.

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